

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number 09/669,187		Filing Date 25 September, 2000		<input type="checkbox"/> To be Mailed				
				Applicant(s) KRIEG ET AL.		Page 1 of 2						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 02/12/2007		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB-06)

Application Number

09/669,187

Filing Date

25 September, 2000

Applicant(s)

KRIEG ET AL.

Page 2 of 2

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							151					
102							152					
103							153					
104							154					
105							155					
106							156					
107							157					
108							158					
109							159					
110							160					
111							161					
112							162					
113							163					
114							164					
115							165					
116							166					
117							167					
118							168					
119							169					
120							170					
121			1				171					
122				1			172					
123				1			173					
124				1			174					
125				2			175					
126				2			176					
127				2			177					
128				2			178					
129				1			179					
130				1			180					
131				1			181					
132				1			182					
133				1			183					
134				1			184					
135				1			185					
136				1			186					
137				1			187					
138				1			188					
139			1				189					
140			1				190					
141			1				191					
142			1				192					
143							193					
144							194					
145							195					
146							196					
147							197					
148							198					
149							199					
150							200					
Total Indep			5				Total Indep					
Total Depend				22			Total Depend					
Total Claims				27			Total Claims					

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